

**-63-016240**

2423

STATE FILE NUMBER

**AMENDED**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

~~FILED MAY 13 1963~~

**VS 300**  
**Rev. 4/59**

**DATE AMENDED**

## INSTEAD OF

### SHOULD READ

ITEM NO.

**DOCUMENT**

## MEDICAL CERTIFICATION

**Hugh H. Owens**

**BY AFFIDAVIT OF**

**USE BLACK INK  
OR  
TYPEWRITER RIBBON**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>40 YEARS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>T.O.A., GENERAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>1322 CLEVELAND AVE.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>HARRISON</b> Middle <b>RENNISON</b> Last <b>RENNISON</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/6/1889</b>
9. AGE (last birthday) <b>74</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISTILLER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SPRAG COMPANY PILOT GROVE, MISSOURI</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>WILLIAM RENNISON</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH WOODHOUSE</b>	
14. NAME OF HUSBAND OR WIFE <b>MRS. ELSIE RENNISON</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>RALPH RENNISON, KANSAS CITY, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shocky hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured ribs massive hemorrhage</b> DUE TO (c) <b>1 lung metastasizing</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Peritonitis blood probably in shell</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell from 2nd floor</b>	
20c. TIME OF INJURY Hour <b>4:22</b> Month, Day, Year <b>63</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Wingard Co Kansas City Jackson MO</b>		
20e. CITY, TOWN, OR LOCATION <b>KANSAS CITY</b>		COUNTY <b>JACKSON</b> STATE <b>MO</b>	
21. I attended the deceased from <b>9:40 P.</b> to <b>9:40 P.</b> and last saw him alive on <b>4-22-63</b> Death occurred at <b>9:40 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Hugh H. Owens Coroner</b>		22b. ADDRESS <b>152 Union Station</b>	
22c. DATE SIGNED <b>4-23-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>APR 25 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. MORIAN CEMETERY</b>		23d. LOCATION (City, town, or county) <b>KANSAS CITY MISSOURI</b>	
24. FUNERAL DIRECTOR <b>J.W. NEWCOMER'S SONS, KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-24-63</b>	
26. REGISTERAR'S SIGNATURE <b>Ruth Long</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Thomas W. Pearson*

Licensed Embalmer No.

4889

P. O. Address

*Latting Pl.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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